

SUPERVISOR RATINGS OF THERAPIST SKILLFULNESS

Supervisor's Name:

ID #:

Subject ID:

Session Date:

Therapist Name:

ID#

Session Number:

Please rate the therapist on the following items.	Not at all	A little	Somewhat	Considerable	Extensive	Not Observed	Comments
1. To what extent did the therapist follow the session format?	1	2	3	4	5		
2. To what extent did the therapist use language and interventions consistent with the treatment type?	1	2	3	4	5		
3. To what extent were the treatment goals consistent with the treatment type?	1	2	3	4	5		
4. To what extent did the therapist demonstrate expertise, and competence?	1	2	3	4	5		
5. To what extent did the therapist engage the client?	1	2	3	4	5		
6. To what extent did the therapist use interventions at appropriate times (interventions not missed when appeared to be needed, interventions not made too early)?	1	2	3	4	5		
7. To what extent did the therapist use inappropriate self-disclosure?	5	4	3	2	1		
8. To what extent did the therapist use an appropriate level of activity/directiveness?	1	2	3	4	5		
9. To what extent did the therapist maintain session focus?	1	2	3	4	5		
10. To what extent did the therapist set appropriate tone and structure for the session?	1	2	3	4	5		
11. To what extent did the therapist demonstrate, warmth and sensitivity, and genuine concern?	1	2	3	4	5		
12. To what extent did the therapist understand and express patient's feelings and concerns?	1	2	3	4	5		

